

AGENCY  
RISK ASSESSMENT FOR CHOKING FOR PERSONS WHO EAT BY MOUTH

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person/Title Completing Assessment: \_\_\_\_\_

Recent History of Aspiration or Lower Lobe Pneumonia (Past Yr.) or other relevant history

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**Instructions: Place a check mark in all areas that apply**

- 1) \_\_\_\_\_ Age (40+) \_\_\_\_\_
- 2) \_\_\_\_\_ Dysphagia Diagnosis (DMSS) \_\_\_\_\_  
None \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Profound \_\_\_\_\_
- 3) \_\_\_\_\_ History of choking (in past 3 years)  
\_\_\_\_\_ A: Hospitalization for pulmonary consequences  
\_\_\_\_\_ B: Acute Care for respiratory consequences  
\_\_\_\_\_ C: Procedure to clear-suction, Heimlich, finger sweep  
\_\_\_\_\_ D: Cleared without assistance (prolonged coughing)  
\_\_\_\_\_ E: Coughing during meals, snacks or on saliva
- 4) \_\_\_\_\_ Prescribed Medications  
\_\_\_\_\_ Cogentin \_\_\_\_\_ Risperdol \_\_\_\_\_ Keppra  
\_\_\_\_\_ Zyprexa \_\_\_\_\_ Lipitor \_\_\_\_\_ Haldol  
\_\_\_\_\_ Lorazepam \_\_\_\_\_ Benzodiazepine \_\_\_\_\_ Hydrocodon  
\_\_\_\_\_ Baclofen
- 5) \_\_\_\_\_ Descriptive mealtime actions  
\_\_\_\_\_ Labile (laughing/talking)  
\_\_\_\_\_ Food stealing  
\_\_\_\_\_ Mania
- 6) \_\_\_\_\_ Descriptive mealtime behaviors  
\_\_\_\_\_ Distractible  
\_\_\_\_\_ Lethargic
- 7) \_\_\_\_\_ Reduced chewing ability
- 8) \_\_\_\_\_ Rate and Size  
\_\_\_\_\_ Rapid spooning \_\_\_\_\_ Stuffing of Solids  
\_\_\_\_\_ Rapid drinking \_\_\_\_\_ Chugging Liquids
- 9) \_\_\_\_\_ Poor Positioning  
\_\_\_\_\_ Leans right or left \_\_\_\_\_ Chin not parallel to thighs  
\_\_\_\_\_ Slumps forward \_\_\_\_\_ Slides down in chair
- 10) \_\_\_\_\_ Other  
\_\_\_\_\_ Posture  
\_\_\_\_\_ PICA  
\_\_\_\_\_ Rapid breathing  
\_\_\_\_\_ Recurring seizures

Number of Items Checked (1-10): \_\_\_\_\_

**Form should be completed by the client's IDT (Nurse, House Manager, Case Manager, etc..)**

**Once completed, original assessment kept on site with copy mailed or faxed to:**

**Southeastern Indiana Outreach Services  
711 Green Road  
Madison, IN 47250  
Phone: 812-265-7493 Fax: 812-265-7444**